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CERTIFICATE OF TRANSMISSION

Date of Transmission: 27 March 2006

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Information Disclosure Statement (4 sheets)
Form PTO-1449 (1 sheet)
PTO/SB/17 Fee Transmittal Form (1 sheet)
PTO-2038 Credit Card Payment Form (1 sheet)
Reply to Office Action (21 sheets)

Application Number 10/042,143
Confirmation No.: 5827
Filing Date: 11 January 2002
Document Submission Date: 27 March 2006

Art Unit: 2155
Examiner: Baturay, Alicia
Inventor: Lin, Wei

Docket: 2000-0672A (1014-200) **Pages: 29**

27 Mar 2006

Date

Eden Brown

Name of Certifier



Signature of Certifier

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0851-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/042,143 Filing Date 11 January 2002 First Named Inventor Lin, Wei Examiner Name Baturay, Alicia Art Unit 2155 Attorney Docket No. 2000-0672A (1014-200)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 180.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **60-2504** Deposit Account Name: **Michael N. Haynes**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = 0 x 50 = 0 **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims - 3 or HP = 0 x 200 = 0 **Fee Paid (\$)**
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**
0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	0	250	0

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification \$130 fee (no small entity discount)	0
Other: Submission of IDS (after 1st OA)	180

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Michael N. Haynes</i>	40,014	434-972-9988
Name (Print/Type) Michael N. Haynes		Date 27 Mar 2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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